



Wisconsin Health Insurance Risk Sharing Plan (HIRSP)

Division of Health Care Financing

Department of Health and Family Services

1751 W. Broadway – P.O. Box 8961 – Madison, WI 53708-8961

(800) 828-4777 or (608) 221-4551

IMPORTANT NOTICE TO ALL HIRSP PLAN 2 POLICYHOLDERS

THIS IS A NOTICE OF REDUCTION OF BENEFITS TO YOUR PRESCRIPTION DRUG COVERAGE

March 13, 2006

According to our records, you are currently enrolled in HIRSP Plan 2 and are eligible for Medicare Parts A and B. Changes in Wisconsin state law now require that, effective May 15, 2006, Plan 2 is only available to policyholders who are enrolled in Medicare Part A, B **and** D. To remain in HIRSP Plan 2, you are now required to pay your Medicare Part D premium in addition to your HIRSP premium. **If you choose not to enroll in Medicare Part D by May 15, you will no longer be eligible for HIRSP Plan 2, your current plan.**

If you elect not to take Medicare Part D, you have the choice to change your coverage to HIRSP Plan 1, Option A or Plan 1, Option B. If you opt to change to Plan 1A or 1B, your Plan change will be effective July 1, 2006. You will be subject to the applicable premiums, deductibles and coinsurance requirements for the plan you choose. We have enclosed a copy of the HIRSP Plan Options Table and HIRSP Premium Rate chart to assist you with your decision.

You must respond on or before May 15, 2006, or we will terminate your HIRSP policy effective July 1, 2006. If we terminate your HIRSP policy, you will not be able to re-apply for HIRSP for 12 months. If you are age 65 or older when re-applying for HIRSP, you will no longer be eligible.

Please indicate your choice below:

_____ I want to remain in HIRSP Plan 2. (I have enclosed a copy of this notice and a copy of my Medicare Part D Prescription Drug Plan card)

_____ I want to cancel my HIRSP Plan 2 coverage.

_____ I want to change my coverage to HIRSP Plan 1, Option A.

_____ I want to change my coverage to HIRSP Plan 1, Option B.

(Signature)

(HIRSP Policyholder I.D. number)

Print your name here _____

HIRSP Customer Service will be contacting you in the next two weeks to answer any questions that you may have.

For more information about HIRSP, visit our Web site at:
<http://dhfs.wisconsin.gov/hirsp>